

Office Use Only

**Driver name –**

**PHD Licence No**

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**HCD Licence No**

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**New Applicant Record No**

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**Licensing Section**

City of York Council

Eco Depot

Hazel Court

York, YO10 3DS

Tel: 01904 552422

Email: [licensing@york.gov.uk](mailto:licensing@york.gov.uk)

## GROUP II MEDICAL EXAMINATION REPORT FORM

### INFORMATION NOTES

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976, to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

This form is to be completed by the applicant's own General Practitioner (GP) or another GP within the same practice and is for the confidential use of the Licensing Authority. If your GP is unable to fully answer all questions on visual assessment, you must have it filled in by an optician or optometrist.

**Where your own GP does not undertake private medical assessments, another GP may be used. However, that GP must have access to your full NHS records at the time of the examination.**

On first application for a hackney carriage or private hire drivers' licence, and upon reaching the age of 45 a Group II Medical Report Form is required every 5 years until the age of 65. From the age of 65 a Group II Medical Report Form will be required annually.

Any fee charged is payable by the applicant.

- **PLEASE USE THIS FORM TO RECORD MEDICAL EXAMINATION DETAILS**
- **PLEASE COMPLETE IN BLOCK CAPITAL LETTERS IN BLACK INK**

Licensing Officers are not permitted to complete or amend forms on behalf of applicants for legal reasons.

The Licensing Section is committed to an accessible public transport system in which all members of society have the same opportunity to travel.

Taxis and Private Hire vehicles are a vital link in the transport chain, and it is important that people who use them have confidence that drivers will accept them and transport them in safety and reasonable comfort, providing assistance as may be reasonably required.

## Guidance Notes

### What you have to do:

1. Before consulting your GP, please read the notes 'Medical standards for drivers of passenger carrying vehicles', overleaf.
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP before you arrange for this medical form to be completed as your GP will normally charge you for completing it. In the event of your application being refused, the fee you pay your GP is not refundable. City of York has no responsibility for the fee payable to your GP.
3. If you consider you meet the medical standards needed for Group 2 driving, you must arrange for an appointment to have the medical report filled in.
4. Some GPs will be able to complete both the vision and medical assessment sections of the report. They must be able to fully and accurately complete all the questions.
5. Before your appointment, check that the GP is able to measure the visual acuity to the 6/7.5 line of a Snellan chart and can confirm the strength of your glasses (dioptries) from your prescription.
6. If your GP is unable to complete the vision assessment fully and accurately, you must arrange for an optician or optometrist to complete the assessment.
7. Fill in Section 8 of this report in the presence of the GP/ Optician carrying out the examination.
8. Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

### What the GP/ Optician has to do:

1. Arrange for the patient to be seen and examined.
2. Complete Sections 1-7 and 9 of this report. You may find it helpful to consult the DVLA's "Assessing fitness to drive: a guide for medical professionals" guide. This is available for download via <http://www.gov.uk/dvla/fitnessstodrive>
3. Only complete the vision assessment if you are able to complete all the questions fully and accurately. If you are unable to do this, you must advise the applicant of this and the need for them to arrange to have this part of the assessment completed by an optician or optometrist.
4. You must be able to confirm the strength of glasses (dioptries) from a prescription.
5. You must be able to measure the applicant's visual acuity to at least 6/7.5 (decimal 0.8) of a Snellen chart (you may need to purchase a new Snellen Chart in order to do this).
6. We have advised the applicant that if they wear glasses to meet the required eyesight standard for driving, they must bring their current prescription to the assessment.
7. If an applicant does not need glasses for driving or they use contact lenses or if they have a minus (-) dioptre prescription, question 5 of the vision assessment can be answered "No".
8. The eyesight examination must be undertaken using the prescription currently worn for driving.
9. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage and/ or Private Hire driver licence they must inform the Licensing Section at Eco Depot, Hazel Court, York, YO10 3DS.
10. Please ensure that you have completed all Sections within this form. If questions are not fully answered/completed the form may be returned to you. If there are any other important clinical details with respect to driving, please give details in Section 7.

## Medical standards for drivers of passenger carrying vehicles:

Medical standards for drivers of passenger carrying vehicles are higher than those required for car drivers. The following conditions are likely to be a bar to the holding of a Hackney Carriage/ Private Hire driver licence:

### 1. Epileptic Attack

Applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti-epileptic medication during this ten-year period. The Licensing Section are likely to refuse or revoke the licence if these conditions cannot be met.

### 2. Diabetes

Insulin treated diabetics licensed before 1 April 1991 are dealt with individually and licensing is subject to satisfactory annual consultant medical certification and to the proviso that they are not suffering from any other relevant disabilities. Since 1 April 1991 diabetic patients on insulin are barred from first applying for a passenger carrying vehicle driving licence and from renewing thereafter unless they can meet the criteria of Appendix C1.

### 3. Eyesight

All applicants must be able to read in good daylight a number plate at 20 metres (post 01.09.2001 font) and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better.

In addition, applicants must have:

- A visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- A visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye.
- This may be achieved with or without glasses or contact lenses.
- If glasses (not contact lenses) are worn for driving, the spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres in any meridian

Applicants are also barred from holding a licence if they have:

- Uncontrolled diplopia (double vision)
- Or do not have a normal binocular field of vision

### 4. Other medical conditions

In addition, applicants and renewals are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:

- Within three months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
- A significant disturbance of cardiac rhythm occurring within the past five years unless special criteria are met
- Suffering from or receiving medication for angina or heart failure
- Hypertension where the BP is persistently 180 systolic or over or 100 diastolic or over
- A stroke or TIA within the last twelve months
- Unexplained loss of consciousness within the past five years
- Menieres and other conditions causing disabling vertigo, within the past twelve months and with a liability to recurrence
- Recent severe head injury with serious continuing after effects or major brain surgery
- Parkinson's disease, multiple sclerosis, or other "chronic" neurological disorders likely to affect limb power and co-ordination
- Suffering from a psychotic illness in the past three years or suffering from dementia
- Alcohol dependency or misuse or persistent drug or substance misuse or dependency in the past three years
- Insuperable difficulty in communicating by telephone in an emergency
- Any other serious medical condition which may cause problems for road safety when driving a passenger carrying vehicle
- If major psychotropic or neuroleptic medication is being taken
- Any malignant condition within the last two years likely to metastasise to the brain

## Full Details of Licence Applicant

To be completed in **BLOCK CAPITAL LETTERS**, one letter in each box only, in black ink, by the GP carrying out the examination.

Mr   
  Mrs   
  Miss   
  Or write in title

1. Surname

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2. First Name

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3. Current Home Address (House Number/ Street Name)

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4. District

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5. City

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6. Post Code

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7. Date of Birth

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8. Weight:

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Ft/cms

9. Please give details of smoking habits:

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10. Please give details of alcohol units taken per week

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11. Is the urine analysis positive for Glucose?  Yes

No

12. Date when first licensed to drive a motor vehicle

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## Medical Examination

### Section 1 - Vision

1. Please confirm the scale you are using to express the driver's visual acuities

Snellen     Snellen expressed as a decimal     LogMAR

2. Please state the visual acuity of each eye.

Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

UNCORRECTED

Right

Left

CORRECTED (if applicable)

Right

Left

3. Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard)?

Yes     No

4. Were corrective lenses worn to achieve this standard?     Yes     No

- a) If yes

Glasses     contact lenses     both together

- b) If glasses (not contact lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any median of either lens?

Yes     No

- c) If correction is worn for driving, is it well tolerated? If no, please give full details at Section 7.

Yes     No

5. Is there history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?

Yes     No

If no, and there is a visual field defect please give details in Section 7 and enclose a copy of recent field charts, if possible.

6. Is there diplopia?     Yes     No

If yes, is it controlled?     Yes     No

Please give further details in Section 7

7. Does the applicant on questioning, report symptoms of intolerance to glare and/ or impaired contrast sensitivity and/ or impaired twilight vision?

Yes     No

8. Does the applicant have any other ophthalmic condition?     Yes     No

If yes, please give details in Section 7

**Optician name, signature, and stamp:**

## Section 2 – Nervous System

1. Has the applicant had any form of epileptic attack?  Yes  No

a) If yes, please give date of last attack

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b) If treated, please give date when treatment ceased

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2. Is there a history of blackout or impaired consciousness within the last 5 years?  
 Yes  No

If yes, please give date(s) and details in Section 7

3. Is there a history of stroke or TIA within the past 5 years?  Yes  No

If yes, please give date(s) and details in Section 7

4. Is there a history of sudden disabling dizziness/vertigo within the last 1 year with a liability to recur?  
 Yes  No

If yes, please give date(s) and details in Section 7

5. Does the patient have a pathological sleep disorder?  Yes  No

If yes, has it been controlled successfully? Please give details in Section 7

6. Is there a history of chronic and/or progressive neurological disorder?  Yes  No

If yes, please give date(s) and details in Section 7

7. Is there a history of brain surgery?  Yes  No

If yes, please give date(s) and details in Section 7

8. Is there a history of serious head injury?  Yes  No

If yes, please give date(s) and details in Section 7

9. Is there a history of brain tumour, benign or malignant, primary or secondary?  
 Yes  No

If yes, please give date(s) and details in Section 7

## Section 3 – Diabetes Mellitus

1. Does the applicant have diabetes mellitus?  Yes  No

If yes, please answer the following questions

**If no, proceed to Section 4**

2. Is the diabetes managed by:

a) Insulin?  Yes  No

If yes, date started on insulin

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b) Oral hypoglycaemic agents and diet?  Yes  No

c) Diet only?  Yes  No

4. Is the diabetic control generally satisfactory?  Yes  No

5. a) Does the patient test blood glucose at least twice every day?  Yes  No

b) Does the patient test at times relevant to driving? (2 hours before and every 2 hours when driving)  
 Yes  No

c) Does the patient keep fast acting carbohydrates within easy reach when driving?  Yes  No

d) Does the patient have a clear understanding of diabetes and the necessary precautions of safe driving?  
 Yes  No

6. Is there evidence of:

a) Loss of visual field?  Yes  No

b) Has there been bilateral laser treatment? If yes, please give date

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c) Severe peripheral neuropathy?  Yes  No

d) Significant impairment of limb function or joint position sense?  Yes  No

e) Significant episodes of hypoglycaemia?  Yes  No

f) Complete loss of warning systems of hypoglycaemia?  Yes  No

If yes to any of the above, please give details in Section 7

## Section 4 – Psychiatric Illness

1. Has the applicant suffered from or required treatment for a psychotic illness in the past 3 years?  
 Yes  No

If yes, please give date(s) and details in Section 7

2. Has the applicant required treatment for any other significant psychiatric disorder within the past 6 months?  
 Yes  No

If yes, please give date(s), details of medication and period of stability in Section 7

3. Is there any evidence of dementia or cognitive impairment?  Yes  No

If yes, please give details in Section 7

4. Is there a history or evidence of alcohol misuse or dependency in the past 3 years?  Yes  No

5. Is there a history or evidence of persistent drug or substance misuse or dependency in the past 3 years?  
 Yes  No

If yes, to question 4 or 5, please give details in Section 7

## Section 5 – General

1. Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle?

Yes  No

If yes, please give details in Section 7

2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma with a significant liability to metastasise cerebrally?

Yes  No

If yes, please give dates and diagnosis and state whether there is current evidence of dissemination

3. Is the applicant profoundly deaf?  Yes  No

If yes, could this be overcome by any means to allow a telephone to be used in an emergency?

Yes  No

4. Does the applicant have a medical condition which is aggravated by exposure to dogs?

Yes  No

If yes, medical information is required to support an exemption from the duty to carry assistance dogs in Section 7.

5. Does the applicant have a medical condition that would make it difficult for them to carry passengers in wheelchairs?

Yes  No

If yes, medical information is required to support an exemption from the duty to carry passengers in wheelchairs in Section 7.

## Section 6 – Cardiac

### A – Coronary Artery Disease

Is there a history of:

1. Myocardial Infarction?  Yes  No

If YES, please give date(s)

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2. Coronary artery by-pass graft?  Yes  No

If yes, please give date(s)

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3. Coronary Angioplasty?  Yes  No



If yes, please give date(s)

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4. Any other Coronary artery procedure?  Yes  No

If yes, please give details in Section 7

5. Has the applicant suffered from Angina?  Yes  No

If yes, please give the date of the last attack

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6. Has the applicant suffered from Heart Failure?  Yes  No

If yes, is the applicant still suffering from Heart Failure or only remains controlled by use of medication?

Yes  No

7. Has a resting ECG been undertaken? If no, proceed to question 8  Yes  No

If yes, please give date

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a) Does it show pathological Q waves?  Yes  No

b) Does it show Left Bundle branch block?  Yes  No

8. Has an exercise ECG been undertaken (or planned)?  Yes  No

If yes, please give date and give details in Section 7. Sight/copy of the exercise test result/ report (if done in the last 3 years) would be useful.

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9. Has an angiogram been undertaken (or planned)?  Yes  No

If yes, please give date and give details in Section 7

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## B – Cardiac Arrhythmia

1. Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years?

Yes  No

If yes, please give details in Section 7

**If no, proceed to C – Other Vascular Disorders**

2. Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years?

Yes  No

3. Has Echocardiography been undertaken?  Yes  No

If yes, please give details in Section 7

4. Has an exercise test been undertaken?  Yes  No

If yes, please give details in Section 7

5. Has a Cardiac defibrillator or antivenricular tachycardia device been implanted?  Yes  No
6. Has a PACEMAKER been implanted?  Yes  No

**If no, proceed to C – Other Vascular Disorders**

If yes, was it implanted to prevent Bradycardia?  Yes  No

- a) Is the applicant continuing to suffer from sudden and/or disabling symptoms?  Yes  No
- b) Does the applicant attend a pacemaker clinic regularly?  Yes  No

**C – Other Vascular Disorders**

1. Is there a history of Aortic aneurysm (thoracic or abdominal) with a transverse diameter of 5cms or more?  Yes  No

**If no, proceed to D – Blood Pressure**

If yes, has the aneurysm been successfully repaired?  Yes  No

2. Has there been dissection of the Aorta?  Yes  No
3. Is there a history or evidence of peripheral vascular disease?  Yes  No

If yes, please give details in Section 7

**D – Blood Pressure**

1. Does the patient suffer from hypertension requiring treatment?  Yes  No
- a) If yes, is the systolic pressure consistently greater than 180?  Yes  No
- b) Is the diastolic pressure consistently greater than 100?  Yes  No
- c) Does the hypertensive treatment cause any side effects likely to affect driving ability?  
 Yes  No
2. Is it possible that the patient suffers from hypertension but as yet the diagnosis is definitely established?  
 Yes  No

If yes, please supply last 3 readings and dates obtained in Section 7

**E – Valvular Heart Disease**

1. Is there a history of acquired valvular heart disease (with or without surgery)?  Yes  No

**If no, proceed to F - Cardiomyopathy**

2. Is there a history of embolism? (not pulmonary embolism)  Yes  No

If yes, please give details in Section 7

3. Is there a persistent dilation or hypertrophy of either ventricle?  Yes  No

If yes, please give details in Section 7

**F – Cardiomyopathy**

1. Is there established cardiomyopathy?  Yes  No
2. Has there been a heart or heart/lung transplant?  Yes  No

If yes, please give details in Section 7

## **G – Congenital Heart Disorders**

1. Is there a congenital heart disorder?  Yes  No

If yes, please give details in Section 7

2. Is the patient in the care of a Specialist cardiac clinic?  Yes  No

If yes, please give details in Section 7

**Section 7** – to be completed by the GP/ Optician if further notes/ comments are required in support of this medical examination. Please forward copies of relevant hospital notes if available.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the GP or Optician to provide further notes or comments as required by Section 7.

## Section 8 – Consent and declaration

This Section **MUST** be completed and must **NOT** be altered in any way.

**Please sign the statement below.**

I authorise my Doctor(s)/ Optician(s) and/ or Specialist(s) to release reports to City of York Council Licensing Section about my medical condition. I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

I authorise City of York Council Licensing Section to release medical information to my Doctor(s)/ Optician(s) and/or Specialist(s) about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive).

Signature

Date:

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### Note about consent

You will see that we have asked for your consent for the release of medical reports from your Doctor(s), because we might wish you to be examined by City of York Council's preferred, authorised Occupational Health provider.

This will enable the medical adviser to understand about a patient's medical condition in order to produce a helpful report if required. Only occasionally do we need to do this, and it may well not apply in your case. We never under any circumstances release information which is not relevant to fitness to drive, nor would we expect to receive this from your Doctor(s).

We hope you will find this helpful and reassuring and will return the signed consent so that we might proceed with our investigations.

## Section 9 – General Practitioner declaration

I certify that I am the named applicants General Practitioner/ a General Practitioner with full access to the applicants NHS records at the time of the examination.

I have today examined the applicant and I am satisfied that he/she...

Meets the criteria  Does not meet the criteria

### OF THE GROUP 2 STANDARDS OF MEDICAL FITNESS (As applied by the DVLA, to the licensing of lorry and bus drivers which is required as the appropriate standard for licenced Hackney Carriage and Private Hire drivers)

to act as a Hackney Carriage/Private Hire driver in the City of York. I declare that the answers to all questions are true to the best of my knowledge and belief.

Name and Signature:

Date:

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GP/ Practice Stamp:

Please provide your GOC, HPC or GMC no.

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Do you consider a further medical examination necessary before the applicant reaches the age of 45?

Yes  No

If yes, I consider further examination necessary within \_\_\_\_\_ years

Please give details as to why this is necessary:

PLEASE NOTE: It is an offence for the person completing this form to make a false statement or omit relevant details.

### For Office Use Only

The details in this box are to be completed by authorised staff only.

Licence No: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **C1 CRITERIA FOR INSULIN DEPENDENT DRIVERS**

Recent regulation changes allow insulin dependent drivers to apply for, or renew, their entitlement to drive a Private Hire and/ or Hackney Carriage vehicle, subject to them meeting all the 'qualifying conditions'.

The qualifying conditions that must be met when applicants apply are as follows:

- (1) They must have had no hypoglycaemic attacks requiring assistance whilst driving within the previous 12 months.
- (2) They will not be able to apply until their condition has been stable for a period of a least one month.
- (3) They must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving. DVLA advise the use of a memory chip meter for such monitoring.
- (4) They must arrange to be examined every 12 months by a hospital consultant, who specialises in diabetes. At the examination the consultation will require sight of their blood glucose records for the last 3 months.
- (5) They must have no other condition, which would render them a danger when driving this type of vehicle.
- (6) They will be required to sign an undertaking to comply with the directions of doctors treating the diabetes and to report immediately to DVLA any significant change to their condition.

At a meeting of the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Diabetes Mellitus, the Panel was made aware that some licensing authorities were permitting drivers with insulin treated diabetes to be issued with taxi licences. The Panel was of the view that the group 2 medical was still the best practice standard for drivers, but that it would be reasonable for licensing authorities to accept the C1 criteria above should they wish to do so.